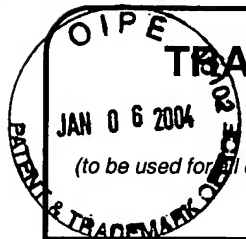


Please type a plus sign (+) inside this box → ☐

HDP/SB/21 based on PTO/SB/21 (08-00)

3745



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/030,242
Filing Date	October 22, 2001
Inventor(s)	Nicolaas Van Der Blom
Group Art Unit	3745
Examiner Name	Lopez, Frank D.
Attorney Docket Number	1500-000003/US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Election/Restriction <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims) <input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="text-align: right;"> RECEIVED JAN 13 2004 TECHNOLOGY CENTER R3700 </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dicker & Pierce, P.L.C.	Attorney Name	John A. Castellano	Reg. No.	35,094
Signature					
Date	January 6, 2004				

FEE TRANSMITTAL for FY 2003		Complete if Known	
 TOTAL AMOUNT OF PAYMENT (\$) 740.00		Application Number	10/030,242
		Filing Date	October 22, 2001
		Inventor(s)	Nicolaas Van Der Blom
		Examiner Name	Lopez, Frank D.
		Group / Art Unit	3745
		Attorney Docket No.	1500-000003/US

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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 0
2. EXTRA CLAIM FEES					
Total Claims: <input type="text"/> - ** = <input type="text"/> 0 X Fee from below: <input type="text"/> = <input type="text"/> 0					
Independent Claims: <input type="text"/> - ** = <input type="text"/> 0 X Fee from below: <input type="text"/> = <input type="text"/> 0					
Multiple Dependent: <input type="text"/> X Fee from below: <input type="text"/> = <input type="text"/> 0					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3)
					(\$) 740.00

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John A. Castellano	Registration No. Attorney/Agent	35,094
Signature		Telephone	703-668-8000
		Date	January 6, 2004

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.